

Participant Registration Form-Missouri Programs

Title/Offering:		Class Capacity:	County:
Start Date:		End Date:	
Leaders/Presenters:		Facility Address:	

Race Key

AA=American Indian or Alaska Native
 HP=Native Hawaiian or Other Pacific Islander
 AF=Black or African American
 AS=Asian
 W=White
 O=Other

Ethnicity Key

H=Hispanic or Latino
 NH=Not Hispanic or Latino

Age Key

0=Unknown 3=25-34 6=55-64
 1=<18 4=35-44 7=65-74
 2=18-24 5=45-54 8=75 & over

PLEASE PRINT. PLEASE USE CODES AT RIGHT TO HELP COMPLETE FORM. This program is a mutual effort between the Missouri Department of Health & Senior Services, Missouri Arthritis Foundation Chapters, and your local Regional Arthritis Center. **Information on this form is optional.** Numbers of participants are counted. If you do not want to be solicited by the Arthritis Foundation, place an **X** in the appropriate box. Thanks for participating in the program.

Name	Address (Street, City, State)	Zip	Phone	No Soliciting	Race/ Ethnicity	Age	Sex M/F	Release Form	Doctor Permission		D	A	T	E	S		
Sample: Jane Doe	1111 One St, One, MO	11111	111-111-1111	X	W, NH	5	F	Y	Y								